PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 10-044692 015389-00264008

		CLAIMS A					SM	IALL EI	NTITY		OTHER	THAN
T/	STAL OLAILEO	· · · · · · · · · · · · · · · · · · ·	(Column	1)	(Colu	mn 2)	TY	PE [OR	SMALL	ENTITY
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			₩ minus 20=		* Ø		:	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		10			X42=		OR	X84=	
ML	ILTIPLE DEPEN	IDENT CLAIM P				T,	-140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	s than zero, enter "0" in column 2				OTAL			TOTAL	740
	α C	LAIMS AS A		•	<u>-</u>] • ' '	OTHER	-			
. 1	4-21-04	(Column 1)		(Colu	mn 2)	(Column 3)	s	MALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 30	Minus	** 2	20	- 10	>	(\$ 9=		OR	X\$18=	\$180
	Independent	• 3	Minus	***	3	-	7	(42=		OR	X84=	
_	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM			140=		OR	+280=	
							<u> </u>	TOTAL			TOTAL	\$1000
Ž.		(Column 1)	we to the state of	(Colu	mn 2\	(Column 2)	ADI	OIT. FEE		J~''	ADDIT FEE	PICO
AMENDMENT B		(Column 1) CLAIMS			EST	(Column 3)	_		ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	F	ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		8	>	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	. 7	(42≈		OR	X84=	
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM	التاكيت	+	140=		OR	+280=	
٠.							L_	TOTAL			TOTAL ADDIT, FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)	ADL	OIT. FEE			ADDII. FEEI	
		CLAIMS		HIGH				<u> </u>	ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	F	ATE	TIONAL FEE		RATE	TIONAL
	Total		Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-	 	(42=			X84=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
+140=										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OF											TOTAL ADDIT. FEE	
		mber Previously Pa						- 1 , - 1 [™]	propriate hov		A 4	